

Student's Name: _____

N.J. TAP Eligibility Checklist

The New Jersey Technical Assistance Project (N.J. TAP) provides technical assistance, inservice support and information and resources on behalf of children with deafblindness. To obtain services from N.J. TAP, a child (birth to 21) must meet at least one of the criteria within each of the following three areas:

Hearing	Vision	Developmental Concerns
<input type="checkbox"/> Documented auditory handicap meeting state eligibility requirements as cited in N.J.A.C. 6A:14 OR <input type="checkbox"/> Documented hearing impairment (conductive, sensorineural, or mixed) of at least 30 decibels (dB) in at least one ear (aided) <i>A conductive hearing loss is caused by problems in the outer ear or middle ear (e.g., blockage of the ear canal, damage to the ear drum, problems with the bones in the middle ear, fluid in the middle ear).</i> <i>A sensorineural hearing loss is caused by nerve damage to the inner ear.</i> <i>A mixed hearing loss is a combination of conductive and sensorineural impairments.</i> OR <input type="checkbox"/> Documented history of chronic otitis media (severe & persistent ear infections) especially during the first 6 years of life OR <input type="checkbox"/> Documented syndrome/disorder (including genetic) associated with hearing loss (e.g., CHARGE Syndrome, Usher Syndrome) OR	<input type="checkbox"/> Documented visual handicap meeting state eligibility requirements as cited in N.J.A.C. 6A:14 OR <input type="checkbox"/> Documented visual impairment of 20/70 or worse after correction in better eye or a loss in visual field. OR <input type="checkbox"/> Diagnosis of amblyopia after the age of 6 years <i>Amblyopia is uncorrectable blurred vision due to disuse of the eye.</i> OR <input type="checkbox"/> Diagnosis of nystagmus <i>Nystagmus is an involuntary rapid movement of the eye.</i> OR <input type="checkbox"/> Diagnosis of cortical visual impairment from ophthalmologist and/or neurologist. <i>Cortical visual impairment results in the inability of an individual to process visual information.</i> OR	<input type="checkbox"/> At least one year delay on developmental assessments or one standard deviation from score expected on the basis of chronological age on standardized assessments in one or more of the following areas: a) communication skills (including speech and language) b) social skills c) spatial awareness and orientation d) basic concepts e) academic achievement f) visual and/or auditory guided movement g) self-help skills OR <input type="checkbox"/> At risk for problems with independent living and/ or competitive employment upon graduation from high school OR <input type="checkbox"/> At risk for problems with integration into family life/community activities OR <input type="checkbox"/> At risk of getting hurt when walking/moving around independently OR <input type="checkbox"/> Under the age of 5 years

Hearing	Vision	
<p><input type="checkbox"/> Documented syndrome/disorder associated with progressive hearing loss (e.g., Norrie Syndrome, Sticklers Syndrome, Kniest Syndrome, Goldinhar Syndrome, Mohr Syndrome, Paget Syndrome, Cockayne Syndrome, Hurler Syndrome)</p> <p style="text-align: center;">OR</p> <p><u>Please Note:</u> A suspected hearing impairment as described below may, under unusual circumstances result in depressed sensory functioning that would put the child at risk and therefore may be eligible for N.J. TAP services.</p> <p><input type="checkbox"/> Suspected hearing impairment by care givers and/ or professionals who know the child based on:</p> <p style="margin-left: 40px;">a) significant and otherwise unanticipated delay in receptive and/or expressive speech-language skills or b) responses to the full range of auditory stimuli in the environment is less than anticipated.</p>	<p><input type="checkbox"/> Documented syndrome/disorder (including genetic) associated with loss of vision (e.g., Congenital Cataracts, Retinopathy of Prematurity, Retinal Blastomas, Noonan Syndrome, Morquio Syndrome, Marfan Syndrome, CHARGE Syndrome)</p> <p style="text-align: center;">OR</p> <p><input type="checkbox"/> Documented syndrome/disorder associated with progressive or fluctuating vision loss (e.g., Retinitis Pigmentosa, Usher Syndrome, Glaucoma)</p> <p style="text-align: center;">OR</p> <p><u>Please Note:</u> A suspected visual impairment as described below may, under unusual circumstances result in depressed sensory functioning that would put the child at risk and therefore may be eligible for N.J. TAP services.</p> <p><input type="checkbox"/> Suspected visual impairment by care givers and/or professionals who know the child based on:</p> <p style="margin-left: 40px;">a) visual attending and/or visual examining behaviors are less than anticipated or b) impaired visual-motor functioning, resulting from strabismus or cerebral palsy <i>Strabismus is a deviation of the eyes so they are not simultaneously directed to the same object.</i></p>	

PLEASE NOTE: N.J. TAP is required under federal regulation (IDEA Part B) to identify infants, children and youth who are deafblind. Therefore, N.J. TAP, as a program of the N.J. Department of Education maintains a comprehensive registry of all students that meet the criteria outlined in this checklist. This information is maintained in accordance with all federal and state regulations regarding pupil records and confidentiality.

Suggested uses for this checklist:

- 1) To determine possible eligibility for N.J. TAP services.**
- 2) To evaluate each of the students in special education.**
- 3) To present to parents as a tool to help develop an understanding of their child's need for program modifications because of sensory deficits.**
- 4) To keep in child's records.**

***If it appears the child is eligible for N.J. TAP Services,
please contact one of the Project Associates listed on this brochure for more information.***